



**Nurse Educator Survey
White Paper
September 2010**

Introduction

The La Crosse Medical Health Science Consortium (LMHSC) is a collaborative effort among community and regional partners with a focus on enhancing healthcare, strengthening health science education and solidifying interactive research initiatives. The LMHSC's five founding partners are Franciscan Skemp Healthcare, Gundersen Lutheran Medical Center, University of Wisconsin-La Crosse, Viterbo University and Western Technical College. New partners include the La Crosse School District and the La Crosse County Health Department. The Consortium is based in La Crosse, Wisconsin, and serves 12 counties in Wisconsin, four counties in Minnesota and four counties in Iowa.

A current focus of the LMHSC is facilitating collaborative projects related to healthcare workforce shortages. The Nursing Education Clinical Coordination Committee, comprised of representatives from healthcare organizations and educational institutions, has focused on ways to increase capacity in nursing education programs. Its first project involved increasing access to clinical sites through adoption of a web-based clinical scheduling program. The current project is focused on developing strategies to address the needs for future nurse faculty.

The agencies providing input into developing a survey for nurses regarding their interest in returning to education included Franciscan Skemp Healthcare, Gundersen Lutheran, Viterbo University, Western Technical College and Winona State University.

Background on Nursing and Faculty Workforce

A nursing workforce shortage currently exists and will intensify with future retirements. Government analysts and nursing experts continue to predict significant nursing shortages. A recently revised forecasting model has projected a deficit of 500,000 RNs by 2025 (Buerhaus, 2008). Concern for the future supply of nurses has nursing programs searching for ways to increase capacity. The most significant barrier restricting growth is the shortage of nursing faculty. Aging of current faculty will contribute to a wave of retirements nationally and in this region. The "2007 Nursing Faculty Shortage in Wisconsin Report" indicated that 18% of nursing faculty and 23% of administrators were projected to retire in five years. The average age of nursing faculty in the state was reported to be 50.3 years, indicating that retirements will grow in the next decade.

Survey Background

The Consortium formed an ad-hoc committee in early 2009 to develop strategies to address the projected shortage of nursing faculty in the 7 Rivers Region and to ensure a future pipeline of educators for the next generation of professional nurses. The Nurse Educator Committee developed a survey to identify nurses who have an interest in advancing their education and in teaching future nurses.

Lists of Registered Nurses with active licenses were purchased from the states of Wisconsin, Minnesota and Iowa for the 20-county region served by the Consortium. A total of 4,200 surveys were mailed (WI - 1,893; MN - 1,470; and IA - 908). Those who participated had the option of completing a hard-copy or online survey. Surveys returned via post-office mail were manually entered into the online survey.

Survey Results

Respondent demographics:

A total of 731 individuals completed the survey for a return rate of 17.4%. A total of 430 respondents (56.7%) defined their current role as a staff nurse, 61 respondents (8%) as an Administrator/Director/Manager and 42 respondents (5.5%) were currently not actively practicing. Over 59% (406 respondents) reported working full time and less than 40 respondents (6%) reported working part-time. Regarding age, 322 respondents were less than 45 years (42.7%); 111 respondents were between the ages of 50-54 years (14.7%).

Respondent Educational Training:

Respondents were asked to indicate what types of formal educational programs they had completed. Forty-seven percent indicated they had completed a bachelor's degree in nursing, and over 41% held an associate degree in nursing. Approximately 14% held a master's degree in nursing.

The survey asked the participants to list any advanced practice educational programs they had completed. Nurse practitioner education was reported by 50% of respondents, followed by clinical nurse specialist at 25%, certified nurse anesthetist at 19.7%, certified nurse midwife at 9.2% and NP-CRNA at 5.3%.

Participants were asked if their education program(s) provided formal preparation as a nurse educator. Over 86% answered they had not received any formal preparation and approximately 13% answered that they had.

Respondents Currently Teaching:

Participants were asked if they had been, or are currently, involved in teaching nursing students in academic settings. Approximately 75% responded no. The other 25% of the responses included the following types of teaching:

Adjunct faculty
Capstone mentor

Clinical instructor
 CNA instructor
 CPR instructor
 Gerontological nursing
 Graduate programs
 Grief and loss – advance care planning
 Guest speaker/lecturer
 Job shadowing
 Home care nurses
 Preceptor

Interest in Pursuing Teaching and/or Furthering Education:

Participants were asked if they had an interest in teaching nursing students or furthering their education. Over 51% indicated an interest in pursuing further education or teaching.

Types of Educational Programming:

Participants were asked what type of education program they would be most interested in pursuing. Over half of the participants (53.6%) responded they would prefer a formal master's in nursing program that includes preparation as a nurse educator. The second highest response (45.2%) was a continuing education program addressing teaching principles and preparation for the role of preceptor. These were followed by doctoral preparation in nursing or a related field (19.7%), post-master's coursework that covers teaching principles and preparation for the role of nurse educator (11.5%) and formal post-master's certificate in nursing education (9.1%).

Preferred Course Delivery Methods:

The survey asked what type of course delivery method would be preferred, rated on a scale of 1 to 5. The number of participants, along with the preferred course delivery, is outlined below:

- 116 participants – Classes that meet in person, one day or evening per week, on weekdays
- 107 participants – Classes that meet in person and are block scheduled on weekends
- 102 participants – Classes delivered by Internet-based technology
- 98 participants – Classes delivered by a combination of Internet and in-person
- 81 participants – Classes delivered from distance sites using ITV

Time Frame for Beginning School

The survey asked respondents when they would be comfortable starting an academic program. Over 57% (205 responses) indicated they would consider starting a nursing program within the next two years. This was followed by 21.4% considering beginning in 5 years, 16.6% who were uncertain and 4.2% interested in starting in 10 years.

Specialty Areas of Interest:

If interested in pursuing education, participants were asked to indicate which specialty area interested them at the master's/doctorate level. Nurse educator was ranked the highest at 65%, representing 225 respondents. Nurse practitioner was second with 33.8% and clinical nurse specialist at 15.6%.

Nurse Educator Roles:

Below are the roles that would be of interest to those interested in becoming a nursing educator:

- 99 participants – Leave my current position and serve as a nurse educator in an academic setting
- 84 participants - Maintain my current or similar position with part of my assignment including clinical and/or classroom instruction
- 80 participants - Maintain my current or similar position and serve as a preceptor for nursing students
- 79 participants - Maintain my current position with additional knowledge of teaching theory and practice
- 70 participants - Leave my current position and serve primarily as a nurse educator within my current employment setting

Barriers Related to Furthering Education:

Participants were asked to identify their top three personal barriers related to pursuing further education. The top two barriers were cost of education and the personal time commitment. The additional barriers were divided into the following categories: (1) General, (2) Higher education and (3) Healthcare employers. Below are summaries of the barriers within each of the categories.

General:

Barriers falling under the "General" category were related to issues such as the balancing of life, work and academics, daycare issues, age, distance from nursing academic institutions, expense versus long-term benefit, young children and the need to work full-time to maintain health insurance for the family.

Higher Education:

Barriers under the "Higher education" category were separated into (1) Concerns of students, (2) Programming options, (3) Academic institutions' program policies and (4) Financial.

Student concerns related to the fear of the unknown, especially for the student who has been out of school for several years. For example, participants indicated they fear the GRE, have a fear of writing papers, the challenge of adjusting personal life to accommodate academic rigor, fear of failure, have been out of the nursing role for a length of time, limited knowledge of technology, unsure what to expect of an advance program, unsure of what area to specialize in, length of time needed to complete a degree, unsure of which pre-requisite classes are needed, limited opportunities to

practice teaching in multiple arenas and want to ensure they will gain the necessary experience necessary to secure employment after graduation.

Programming barriers included the importance of online options, the flexibility in class scheduling, concern related to the lack of access to education in rural areas, interest in a part-time track for DNP, the need to complete a BSN first, limited access to the internet in rural areas, the importance to tailor classes to meet the needs of those who already have advanced degrees and to accept statistic and ethic classes from other advanced degrees.

Perceived barriers related to the academic institutions' program policies and processes are related to ease/unease with applying and registering, GPA concerns for acceptance into the program, lack of necessary pre-requisite courses, concern as to how one re-orient oneself after being out of practice for a time, unsure of what experience is required to apply for a master's program, criteria to accept other advanced classes to be credited towards program, what types of services are offered to help a student be successful, financial barriers since financial assistance is usually geared towards undergraduate programs, cost of programs and cost for out-of-state tuition.

Healthcare Employers:

Barriers under the "Healthcare Employers" category were separated into (1) Tuition reimbursement, (2) Employer options for mentoring and (3) Future opportunities.

Participant responses in regard to tuition reimbursement related to concerns of recent reductions in tuition reimbursement, limited tuition assistance in general and the employer requesting the employee pay tuition up front and being reimbursed after the class has been completed.

Next Steps

The Committee will be sharing this report through various venues throughout the region to encourage dialogue within the community. A Nursing Education Summit is being planned to bring members of the nursing service and practice communities together to address the preparation of the future nursing workforce in the region.

Discussion will continue regarding ways to work collaboratively to share resources among the academic institutions and healthcare organizations. For example, are there opportunities to share faculty among the higher education institutions schools of nursing in the 7 Rivers Region? Are there opportunities to offer joint appointments between the healthcare and academia to overcome the concern of the salary differentiation? How can healthcare assist in mentoring nurses to consider becoming an educator?

Based on the barriers expressed for higher education, possible recommendations include developing a frequently-asked question list to address several of the perceived fears a new student may have. For example, detail how heavily the GRE score is weighed for program acceptance, what types of pre-test GRE trainings are available, what GPA is necessary for acceptance and which classes will be accepted and applied from another advanced degree. Academic institutions will want to promote their student services that are available to all students such as a learning center where writing experts will assist with proofing papers; tutors can assist with a particular subject and available

training options for using technology. Are there funding sources that can be created to assist with graduate financial assistance?

Based on the barriers related to programming, higher education may want to review their curriculum delivery methods to ensure it meets the variety of student needs. In addition, provide alternative options for students who do not have access to a computer or internet. One example is a laptop rental program, providing information on obtaining wireless access and possible satellite locations that are willing to share their resources with the student (technical college campus or healthcare organization).

Healthcare employers may want to review tuition reimbursement policies to ensure the policy is user-friendly and if tuition reimbursement is truly benefiting the areas of projected shortages. For example, it may cause an employee a financial hardship to pay tuition up front.

Employers may want to review current work policies for those employees that express an interest in furthering their nursing education. Many comments were related to allowing flexibility for students at their place of employment. Options may include adjusting work schedules to accommodate school, allowing paid time for the employee to complete required clinical hours, allowing a paid portion of scheduled work time for academic studying and reviewing the salary differential for advanced nursing degrees. An additional concern expressed frequently was what type of employment opportunities would be available once the nurse had completed his/her advanced degree.